

## COMMUNITY SERVICE WORKING AGREEMENT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Total Hours: \_\_\_\_\_

1. Do you have transportation to get to your Community Service project? ☐ Yes ☐ No
2. Do you have any family problems that will prevent you from performing your Community Service hours? ☐ Yes ☐ No
3. Are you currently under a doctor's care? ☐ Yes ☐ No
4. Are you required to take medication? ☐ Yes ☐ No
5. Are you limited to the amount of weight you can lift? ☐ Yes ☐ No
6. Do you have a past condition or injury that would prevent you from performing your Community Service hours? ☐ Yes ☐ No
7. Do you understand you must not be under the influence of drugs or alcohol when reporting or conducting Community Service work? ☐ Yes ☐ No

## WAIVER OF LIABILITY AND DAMAGES

ALL COMMUNITY SERVICE WORK MUST BE APPROVED BY THE COURT **BEFORE** THE WORK CAN BEGIN OR ANY JOB STARTED, SO THAT THE PERSON IN THE PROGRAM CAN GET FULL CREDIT FOR ALL HOURS COMPLETED. ALSO THE COURT **MUST** HAVE ON FILE A WAIVER OF LIABILITY. IF YOU ARE UNDER AGE AND NEED TO CONDUCT COMMUNITY SERVICE, YOU WILL NEED TO HAVE YOUR PARENT OR LEGAL GUARDIAN SIGN THE WAIVER.

I, \_\_\_\_\_, of legal age and do hereby voluntarily indemnify and hold harmless the Kickapoo Tribe, Tribal Agents and Employees, and \_\_\_\_\_

\_\_\_\_\_ ,  
from any and all liability, and/or damages incurred by me or against my person or property, arising from any cause or for whatever reason, during the period of time I am conducting Community Service.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Services Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Witness

\_\_\_\_\_  
Date

## COMMUNITY SERVICE WORKING HOURS

Contact Person(s): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

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Name: \_\_\_\_\_ Hours needed: \_\_\_\_\_

| DATE | TIME<br>IN | TIME<br>OUT | HRS | LOCATION OF WORK | SUPERVISORS SIGNATURE |
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I certify that the above information is true and correct: \_\_\_\_\_ Date: \_\_\_\_\_

Community Service Hours verified by: \_\_\_\_\_ Date: \_\_\_\_\_